

**CONFIDENTIAL CLIENT
INTERVIEW FORM**

Date: _____

Time: _____

Court Case # _____

Interpreter Language: _____

True Name: _____

Age: _____

DOB: _____

Street Address: _____

Mo Rent: _____

City, State Zip: _____

Living With: _____

Length of Stay? _____

Home Phone: _____

Work Phone: _____

E-mail: _____

Cell Phone: _____

Pager / Other: _____

SSN: _____ DL # _____

State: _____

INS Status: _____

Gang Affiliation: _____

Special Need: _____

Family History

Birth Place: _____

Raised: _____

When to SD? _____

Why? _____

Father: _____

DOD: _____

Cause: _____

Addr, Job, etc: _____

Phone: _____

Stepparent(s) _____

Addr, Job, etc: _____

Phone: _____

Mother: _____

DOD: _____

Cause: _____

Addr, Job, etc: _____

Phone: _____

Parents Divorce? _____

When? _____

Brothers: _____

Sisters: _____

Marital Status

Ever Married? (y / n) _____

How many times? _____

Total # of children: _____

Current
Spouse/S. Other

_____ Phone: _____

Occupation: _____

DOM: _____

DOS: _____

Total # of children: _____

Prior Spouse: _____

DOM: _____

DOS: _____

Total # of children: _____

Prior Spouse: _____

DOM: _____

DOS: _____

Total # of children: _____

Children Names: _____

Ages: _____

Custody: _____

Amt Child Support: _____

Education High School Grad (y / n) _____ GED (y/n) _____ School: _____ Year: _____

If a Dropout, then during what grade: _____ Why? _____

College or Vocational Training (y / n) _____ Details: _____

Now in School or Training (y / n) _____ Details: _____

Military (y/n) _____ Branch: _____ Start: _____ End: _____

Rank: _____ Job: _____ Discharge Type: _____

Leaving Reason: _____

Employment Employed Now (y / n) _____ Is job still open (y / n) _____ How long? _____

Recent Employer: _____ Boss: _____

Address: _____ Phone: _____

Start Date: _____ Stop Date: _____ Why? _____

of Hours: _____ Pay: _____ Job: _____

Prior Employer 1: _____

Address/Phone: _____

Start Date: _____ Stop Date: _____ Why? _____

Job: _____

Prior Employer 2: _____

Address/Phone: _____

Start Date: _____ Stop Date: _____ Why? _____

Job: _____

New Job Opening: _____

Income Last Mnth: _____ Source: _____ Income Last Year: _____

Criminal Record Juvenile (y / n) _____ Adult (y / n) _____ Felonies (y/n) _____ Prior PC 1000 (y / n) _____

On Probation (y / n) _____ Parole (y / n) _____ PO's Name: _____

On Good Terms with PO?: _____ PO's Phone: _____

of FTA's: _____ FTA Reason: _____

Comments: _____

Medical, Psych., or Substance Abuse Problems (circle or highlight items that apply):

Disabled ; SSI ; Monthly Check Amount: _____

Current Medical Problems: None / epilepsy / TB / psychiatric _____

Other: _____

artane / ativan / buspar / cogentin
 / dilantin / effexor / haldol /
 lithium / mellaril / prolixin
 prozac / risperdal / stelazine /
 thorazine / trilafton / valium /
 valproic acid / zoloft / zyprexa

Current or Past Medications: _____

Other: _____

none / heroin / crystal meth /
 cocaine / codiene / PCP / MJ /
 alcohol

Current Drug Use: _____

Other: _____

none / heroin / crystal meth /
 cocaine / codiene / PCP / MJ /
 alcohol

Past Drug Use: _____

Other: _____

Past Drug Use Start Date: _____ Past Drug Use End Date _____

Suicide Attempts (y / n) _____ How and When? _____

Past or Present LPS Consv (y / n) _____ Details: _____

Psych. Or Drug Counseling Info: _____

Defendant's Explanation of the Facts of the Case:**Case Disposition Defendant Seeks:**